

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047173

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1986

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1124

2 0120

3

4 3

5 2

6

7 1

8 2

9 260X

10

11

12 3-0

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 10 1964

1. PLACE OF DEATH

a. COUNTY BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN POPLAR BLUFF

Length of stay in 1b

#1 day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Lucy Lee Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Butler

c. CITY

OR TOWN Broseley

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

RFD 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Lula

Middle

Last Charles

4. DATE OF DEATH

Month 12 Day 24 Year 1963

5. SEX

F

6. COLOR OR RACE

N

7. Married ☐

Widowed ☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

4/11/00

9. AGE (last birthday)

63

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Jefferson Co., Ark. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Jim Bealum

13b. MOTHER'S MAIDEN NAME

Lizzie Baines

14. NAME OF HUSBAND OR WIFE

Monroe Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jennie Brown Poplar Bluff Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident, with cardiac failure.

INTERVAL BETWEEN ONSET AND DEATH

Sudden

DUE TO (b)

Diabetes and hypertension.

Unknown

DUE TO (c)

Pneumonia.

Several day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-24-63, 6:45 A.M. to 12-24-63, 11:56 A.M. and last saw her alive on 12-24-63. Death occurred at 11:56 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. H. K. Lee

M. D.

22b. ADDRESS

330 North Second Street Poplar Bluff, Missouri

22c. DATE SIGNED

1-3-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Bury

23b. DATE

12/29/63

23c. NAME OF CEMETERY OR CREMATORY

Morocco

23d. LOCATION (City, town, or county)

Poplar Bluff, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Walter H. Lee Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

1-6-1964

26. REGISTRAR'S SIGNATURE

Thelma Graham

92041 14026
JAN 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Willie R. Davis

Licensed Embalmer No. 5129

P. O. Address Charleston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.